2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26721

FILED Mar 03, 2009 Secretary of State

Entity Name: THE LIVING WORD GOSPEL CRUSADE INC.

Current Principal Place of Business: New Principal Place of Business: 865 S. ORANGE ST. MONTICELLO, FL 32344 **Current Mailing Address: New Mailing Address:** 865 S. ORANGE ST 615 POPLAR ST MONTICELLO, FL 32344 MONTICELLO, FL 32344 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE, EDDIE J WHITFIELD, EVA M 865 S. ORANGE ST. 615 POPLAR ST MONTICELLO, FL 32344 US MONTICELLO, FL 32344 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: EVA M. WHITFIELD 03/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WHITFIELD, ROOSEVELT Name: Name: 615 POPLAR ST Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: LEE, EDDIE Name: Address: 865 S. ORANGE ST. Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: Title: () Delete Title: () Change () Addition WHITEFILED, BETTY Name: Name: 545 POPLAR ST Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, RICKY Name: Name: 420 S RHODES ST Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: Title: (X) Delete Title: () Change () Addition PRIDE, LARRY Name: Name: GEORGETOWN ROAD Address: Address: City-St-Zip: MADISON, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition WHITFIELD, EVA M WHITFIELD, EVA Name: Name: Address: 615 POPLAR ST Address: 615 POPLAR ST

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MONTICELLO, FL 32344

SIGNATURE: ROOSEVELT WHITFIELD D 03/03/2009

MONTICELLO, FL 32344

City-St-Zip: